



CITY OF WILLIAMSBURG

"HEADS - UP" PROGRAM

Williamsburg Public Safety

Communications Center

425 Armistead Avenue, Williamsburg, Virginia 23185-3651

(757) 220-2331 / Fax (757) 259-7204



Name: _____
Last First Middle I. Nickname

Sex: _____ Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Address: _____

(Please include any special directions needed to locate residence.)

Telephone: _____
Home Work Other

Emergency Contact Persons: (Please indicate keyholders)

1.	_____	_____	_____
	Name	Phone Number	Phone Number
2.	_____	_____	_____
	Name	Phone Number	Phone Number
3.	_____	_____	_____
	Name	Phone Number	Phone Number

CURRENT MEDICAL CONDITION: _____ Blood Type: _____

Heart Disease: _____ Diabetes: _____ Respiratory Disease: _____ Other: _____

Other Medical Conditions: _____

SPECIAL NEEDS:

Mobility Impaired: _____ Needs: _____

Visually Impaired: _____ Needs: _____

Hearing Impaired: _____ Needs: _____

Mentally Impaired: _____ Needs: _____

Does not speak/understand English: _____ Language Spoken: _____

Other Needs or Concerns: _____

Disclaimer: The "Heads-Up" program is designed to assist emergency responders in rendering emergency services to the Williamsburg residents. It will be the responsibility of the citizen to report any changes to ensure accurate information. Emergency responders will receive the above information by two-way radio. All information received by the "Heads-Up" program will be handled with confidence and sensitivity. Information is logged on a computer according to the resident's address. However, the department can make no guarantees or warranties of any kind and will not be responsible for power failures or breakdowns which may hinder the delivery of emergency services. Any questions about the "Heads-Up" program, please don't hesitate to contact Pam Hickman at 259-7212 (e-mail phickman@ci.williamsburg.va.us) or the Williamsburg 9-1-1 Center at 220-2331.

Signature of authorized person

Date

FOR OFFICE USE ONLY

Date Entered: _____ Entered By: _____

Remarks: _____

Purge Date: _____

Reason for Purge: _____